



*2010 Employee
Benefit Options
Short Plan Year Enrollment*

What's Inside

Floyd Human Resources

Main Line
706.509.5770

Main Fax Line
706.509.5771

Benefits Coordinator
706.509.5777

Benefits Fax Line
706.509.5782

	<i>Page</i>
A Healthy Approach — WorkHealth Connections.....	2
Short Plan Year Enrollment.....	5
Benefits Basics.....	6
Floyd Benefits At-A-Glance.....	8
Medical Plans.....	10
Dental Plan.....	18
Vision Plan.....	20
Long-term Disability Insurance.....	22
Life Insurance.....	23
Flexible Spending Accounts.....	24
Retirement.....	25
Additional Benefits.....	26
Important Definitions.....	27



A Healthy Approach

As an organization, Floyd is committed to being the health care Employer of Choice and the Provider of Choice. As part of that commitment, we believe that healthy employees are happier and more productive, and that translates to improved customer service.

To help all of our co-workers lead healthier, more productive lives, we are aligning our health care benefits for employees with our wellness initiative, called WorkHealth Connections. This is an approach to benefits that will ultimately improve your physical health and improve the fiscal health of our organization.



A Healthy Approach — WorkHealth Connections

Wellness Pays!

During the short plan year (July 1 - December 31), your wellness discounts will not change.

Participation in the WorkHealth Connections program is voluntary and every Floyd employee is eligible to participate. Program benefits really pay off:

- Save \$30 per pay period by choosing the Wellness Option and participating in activities to improve or maintain your health. Please see the section Your Cost for Medical Coverage for employee contribution details
- Earn special rewards through the incentive program available for all participants in wellness initiatives
- Receive individualized wellness counseling at no cost and additional health improvement incentives if you have high-level health risks or complications
- Benefit from a free annual wellness screening to assess your health status
- Take advantage of screenings and wellness benefits at low or no cost available to all employees, regardless of whether you elect to be covered by Floyd's health care plans



Optional Wellness Assessment

The first step in establishing and maintaining wellness is to assess your current health and wellness status. Only those employees who wish to participate in the optional WorkHealth Connections wellness program are required to complete an annual Wellness Assessment. Completion of the optional Wellness Assessment is required to be eligible for the lower Wellness Option medical plan costs. In 2010, the Wellness Assessments are scheduled during your department's assigned screening month.

New employees are eligible to participate in the Wellness Option and pay the lower medical costs by completing a Wellness Assessment during their month of hire.

If the Wellness Assessment is not completed within 30 days of an employee's hire date, the employee must wait until his/her department's annual Wellness Assessment to be eligible for the Wellness Option.

Also, spouses who participate in Floyd's medical plans can receive a free Wellness Assessment. Other dependents are not eligible for the free Wellness Assessment.

The annual Wellness Assessment will be provided at no cost to employees and spouses who participate in Floyd's medical plans and will include:

- Height
- Weight
- Body Mass Index (BMI)
- Labs: Cholesterol profile, basic chemistry, complete blood count, PSA for men over age 40
- Individual health assessment based on completion of a medical history and detailing current medications, current diet and exercise regimen, stress and other factors.

For questions:
Please call Employee
Health at 706.509.5740.



Employee Health Assessment

Every employee is required to complete an annual Employee Health Assessment that includes a medical history and physical form, review of immunizations and titers, review of Hepatitis B vaccine status and tuberculin skin test (when appropriate). Each department has been assigned a specific month in which all members of the department will be required to complete an annual Employee Health Assessment.



WorkHealth Connections *continued*

Managing Your Personal Wellness

Following your completed Wellness Assessment, you will be assigned a health risk category.

- Non-tobacco users with normal assessment results will be encouraged to maintain a healthy lifestyle. These participants must maintain their current health status to remain eligible for the Wellness Option discount.
 - Tobacco users and those individuals with abnormal assessment results will be assigned to a wellness coach or wellness case manager. The coach or case manager will help you develop and track personal wellness goals through the Choice for Change agreement. These participants will be required to meet their personal goal(s) to remain eligible for the Wellness Option discount. These individuals also may be eligible for additional incentives to help them reach their wellness goals.
- If you are a tobacco user who wishes to qualify for the Wellness Option discount, one of your wellness goals will be to quit using tobacco.**

Progress will be evaluated annually unless your health risk or condition requires that a certified wellness coach work with you to monitor your progress more frequently. If, at any time, you do not follow through with your annual assessment or Choice for Change agreement, you will be moved to the Non-Wellness Option. This will be reflected in your employee contribution cost effective the pay period following your failure to comply. You will not become eligible for the Wellness Option again until you complete your Wellness Assessment during your department's next required annual Employee Health Assessment.

NOTE: The outcome of your Wellness Assessment will not affect your employment with Floyd. Participation in WorkHealth Connections and related follow-up programs is voluntary.



Short Plan Year Enrollment

Getting Started

Because we will run our benefits programs on a calendar year basis beginning in January 2011, Floyd is offering a short plan year from July 1 to December 31, 2010. Following three simple steps will help ensure you take advantage of the benefits options that are best for you if you become eligible for benefits during this period.

Step 1: Review Your Benefit Selections — Carefully review your benefit selections at Employee Self Service (see address below). If you choose to increase coverage for Supplemental Life for the first time, you may be asked to provide Evidence of Insurability (sometimes called proof of good health) and/or a beneficiary designation form. An Evidence of Insurability form can be obtained from Human Resources or by accessing the Employee Self Service (ESS) website at <http://portal.adp.com>.

Step 2: Complete Enrollment — Please review your benefit information and new elections to ensure all the information is correct. You will need to complete your benefits elections for the short plan year no later than 30 days after you become eligible.

Step 3: Return the Beneficiary Designation Form and/or Evidence of Insurability Form — If you are required to complete these forms, you must return them to Human Resources by the deadline. Your enrollment will not be complete until these forms are returned and, if applicable, approved.



Benefits Basics

More information about eligibility is available on GreenLink by clicking on "Employer of Choice" and choosing "Benefits."

Eligibility

You must be a full-time or part-time Floyd employee to participate in the benefits program. Full-time employees regularly work at least 36 hours per week. Part-time employees regularly work less than 36 hours per week. Temporary and student status employees, whether part-time or full-time (i.e. PRN), are not eligible for medical, dental, vision, life insurance, long-term disability or voluntary insurance benefits. Temporary and student status employees may be eligible for retirement and wellness benefits. Auto payroll deduction authorization is required to enroll in Floyd benefits. Also, if both spouses are employed full-time at Floyd and want Floyd's medical benefits, each employee is responsible for his or her own employee contributions.

Working Spouse Rule

Most employees have a spouse who works for an employer other than Floyd. For a spouse to be eligible for coverage under Floyd's medical plan, the spouse's employer must not offer any type of health care coverage or the spouse must enroll in his/her employer's offered health plan so that his/her employer is the primary payer and Floyd is the secondary payer for covered health care expenses. If an employee's spouse is offered group health coverage through his/her employer but elects not to enroll in the coverage, he/she is not eligible for coverage under Floyd's medical plan.

Covering Your Children

Covered children include your natural or adopted children, foster children, stepchildren or any child for whom you have court-ordered responsibility.

Children are eligible for benefits if they meet basic requirements:

- Under age 19, unmarried and receive more than 50 percent of their support from you
- Full-time students, unmarried, under age 25 and financially dependent on you
- Physically or mentally incapacitated and financially dependent on you

Cost of Benefits

Although you don't see the money, every year Floyd pays a large share of the total cost of your medical benefits — over \$10,000 per employee. You pay the rest through payroll deductions. You will share in the cost for some benefit options on a pre-tax basis.

Advantages of Pre-Tax Contributions

Pre-tax contributions are allowed under Section 125 of the Internal Revenue Code. Your share of the medical, dental and vision contributions is taken out of your pay before federal, Social Security and most state and local taxes are calculated. As a result, your take-home pay is higher because you pay less in taxes. You also may pay less into Social Security, and your Social Security benefit could be slightly reduced. Your pre-tax contributions do not appear as part of your taxable wages on your W-2 Form. The pre-tax contributions do not affect other



Floyd benefits that are based on your pay. Those benefits, such as life insurance and disability benefits, will continue to be based on your regular pay. Your contributions will automatically be made on a pre-tax basis unless you complete a form (available by calling Human Resources) stating that you choose not to take advantage of this tax saving opportunity.

Enrollment

Human Resources conducts Open Enrollment so that you have the opportunity to make benefit choices. New employees select their benefit options when they are hired. Costs and coverage under the Floyd benefits program will not change for the remainder of 2010.

Employees can now make benefits changes through a new online benefits option. This year you will be able to complete your open enrollment requirements either from work or at home by visiting a secure website (Employee Self Service) at <http://portal.adp.com>. You will still need to meet with a benefits counselor if you elect to enroll or make changes to any of the following benefits: short-term disability, critical illness and/or accident.

Changing Your Benefit Elections

After the short plan year enrollment ends, you may change the number of dependents you cover only if you have a change in family status, which generally includes any of the following events:

- The birth or adoption of your child
- Your marriage, divorce or legal separation
- The death of your spouse or dependent
- Your child's loss of dependent status
- A change in your employment status (from/to part-time or full-time)
- A change in your spouse's employment status
- A change in your spouse's health care coverage with another employer

The only other time you may change your number of dependents is during an annual Open Enrollment period.

If You Have a Family Status Change

Employees must make benefit changes within 31 days after a qualified change in family status. If you do not make your request within that period, government regulations require that you wait until the next Open Enrollment period to change your coverage. Employees can now make those family status changes by accessing the Employee Self Service (ESS) website at <http://portal.adp.com> or by visiting Floyd Human Resources.

Floyd Benefits At-A-Glance

Health Care Benefits

BENEFIT PLAN	WHO IS ELIGIBLE	DESCRIPTION OF COVERAGE	WHO PAYS
Medical	Regular full-time and part-time employees. Eligibility begins on the first of the month after the employee completes 30 days of service.	Medical coverage for a variety of services and supplies	Floyd and You
Dental	Regular full-time and part-time employees. Eligibility begins on the first of the month after the employee completes 30 days of service.	Dental and orthodontia expenses	You
Vision	Regular full-time and part-time employees. Eligibility begins on the first of the month after the employee completes 30 days of service.	Vision and routine exam expenses	You

Other Health Care Benefits

BENEFIT PLAN	WHO IS ELIGIBLE	DESCRIPTION OF COVERAGE	WHO PAYS
Pre-tax Contributions	Regular full-time and part-time employees	Automatic tax-savings on contributions	You
Health Care Spending Account	Regular full-time and part-time employees. Eligibility begins on the first of the month after the employee completes 30 days of service.	Opportunity to save taxes on health care expenses not covered by Plan A or Plan B	You (\$5,000 maximum short plan year contribution)
Health Savings Account	Regular full-time and part-time employees. Eligibility begins on the first of the month after the employee completes 30 days of service.	Opportunity to save taxes on health care expenses not covered by Plan C	You (\$3,050 single/ \$6,150 family maximum calendar year amount)
Special Hospital Discounts	All employees	Discount on medical supplies (Central Service) and prescriptions filled at the Pharmacy	Floyd
Workers' Compensation	All employees	Benefits for accidental on-the-job injury	Floyd
Employee Health and Wellness Services	All employees	Complete health and physical exam; free immunizations; treatment for minor illnesses and on-the-job injuries; wellness programs	Floyd

Disability Insurance

BENEFIT PLAN	WHO IS ELIGIBLE	DESCRIPTION OF COVERAGE	WHO PAYS
Long-term Disability	Regular full-time employees. Eligibility begins on the first of the month after the employee completes one year of service.	Provides long-term income protection if you become disabled due to illness or injury	Floyd

Life Insurance

BENEFIT PLAN	WHO IS ELIGIBLE	DESCRIPTION OF COVERAGE	WHO PAYS
Basic Employee Life (2 x salary, \$35,000 minimum coverage)	Regular full-time employees. Eligibility begins on the first of the month after the employee completes 90 days of service.	Provides a benefit if you or a covered dependent dies	Floyd
Supplemental Life (up to 2 x salary)			You
Dependent Life - Spouse: \$25,000 - Per Child Under Six Months: \$1,000 Six Months-Age 23: \$5,000			You

Work and Family Benefits

BENEFIT PLAN	WHO IS ELIGIBLE	DESCRIPTION OF COVERAGE	WHO PAYS
Paid Time Off (for vacations, holidays and sick days)	Regular full-time and part-time employees who have met service requirements	<ul style="list-style-type: none"> - 6.75 hours per pay period for employees up to 5 years of service - 7.70 hours per pay period for employees between 5 and 10 years of service - 9.25 hours per pay period for employees after 10 years of service - Part-time employees accrue a proportionate share based on hours worked 	Floyd
Paid Bereavement Leave	Regular full-time employees after completing 90 days of employment	Up to three days off if an immediate family member dies	Floyd
Paid Jury Leave	Regular employees	Up to two weeks per year for jury leave	Floyd
Extended Illness Bank	Regular full-time and part-time employees who have met service requirements	A benefit for use for your own serious illness, as defined by the Family Medical Leave Act	Floyd
Educational Assistance	Regular full-time employees who meet service and eligibility requirements	Reimbursement for tuition	Floyd
Spice of Life Café Discount	Regular full-time, part-time and PRN employees	Discount of 30 percent off regular price of meals	Floyd
Service Awards	Regular full-time employees with continuous full-time service	Special gifts when you reach milestone service anniversaries	Floyd
Employee Assistance Program 706.232.1111	Regular full-time and part-time employees	Confidential counseling for financial, mental health, chemical dependency and family issues	Floyd
Dependent Daycare Spending Account	Regular full-time and part-time employees. Eligibility begins on the first of the month after the employee completes 30 days of service.	Opportunity to save taxes on costs of dependent daycare	You (\$2,500 maximum short plan year contribution)
The Palatine Suites Discount	Regular full-time, part-time and PRN employees and their immediate family members	Receive 30 percent off their stay in The Palatine Suites at Floyd Medical Center	Floyd
Free Parking	All employees	Parking space for every employee	Floyd

Future Financial Security

BENEFIT PLAN	WHO IS ELIGIBLE	DESCRIPTION OF COVERAGE	WHO PAYS
Social Security	All employees	Retirement, survivor, disability and health insurance benefits	Floyd – 50% You – 50%
401(k) Plan	All employees	Retirement plan with a company match	Floyd and You
Pension Plan	Regular full-time and part-time employees hired before Oct. 1, 2005 who meet age and service requirements	Pension plan that supplements Social Security and your other personal savings	Floyd
Tax-sheltered Annuity Plan	Regular full-time and part-time employees hired before Oct. 1, 2005 who meet age and service requirements	You contribute before-tax dollars for savings intended for use during retirement	You make contributions through payroll deductions
Credit Union Membership and Wachovia Banking Discounts	All employees	Checking, savings, loans, credit cards and other financial options	You make contributions through payroll deductions
Unemployment Insurance	Regular full-time and part-time employees	Benefits as allowed by law at unemployment	Floyd
Direct Deposit	Regular full-time and part-time employees	Allows electronic transactions to various financial institutions	You make contributions through payroll deductions

Medical Plans

Floyd offers medical coverage to you and your eligible dependents. It is designed to protect you and your family from major financial difficulty in case of illness or injury, and offers you a choice when selecting care.

Network Providers

Floyd employees are strongly encouraged to use services provided at Floyd facilities to receive the highest level of financial benefit.

Network providers are those providers who render services at a discounted rate. Please refer to the Provider Search for a listing of these providers by visiting www.humana.com.

Employees may choose a provider outside of the network, but will incur additional costs.

Plan A and Plan B — PPO Medical Coverage

Beginning July 1, Humana will administer your medical coverage under its Preferred Provider Organization (PPO) for Plan A and Plan B. These PPO plans allow you to choose either in-network or out-of-network benefits.

When Services Are Provided In-Network

You pay less for medical care. Your coverage is paid at higher rate when you use Floyd providers.

- Employees who reside within Floyd, Polk and Chattooga counties MUST use Floyd services to be reimbursed at the higher rate.
- Employees who reside outside of Floyd, Polk and Chattooga counties may choose an approved Humana network facility and be reimbursed at the higher rate.
- You pay a \$20 co-pay for physician visits when you choose a Floyd Primary Care or Floyd Urgent Care physician for your care. You pay a \$35 co-pay when you use other network providers or physician specialists.
- Preventive care (e.g., well baby visits, routine screening exams, PSA, labs, gynecological exams and pap smears) is covered. Routine screening mammogram services are paid at 100% if performed at the Breast Center at Floyd.
- Obstetrical visits are subject to your deductible and co-insurance. No co-pay is required.

When Services Are Provided Out-Of-Network

- You have the freedom to choose your physician or other health care providers without regard to affiliation
- You pay a higher percentage of your health care expenses
- Your deductible is higher
- You are responsible for any expenses that exceed reasonable and customary expense limits



Plan C — High Deductible Health Plan with a Health Savings Account

Floyd also offers a High Deductible Health Plan (HDHP), known as Plan C, that provides a different approach to managing your health care than do the traditional medical plan options. Plan C is also administered by Humana and uses the same preferred network of providers available under Plan A and Plan B.

After meeting the single or family deductible, you pay coinsurance (a percentage of the cost of medical expenses) until you reach the plan's annual out-of-pocket maximum. Once the out-of-pocket maximum is reached, all eligible in-network medical expenses are covered at 100 percent for the balance of the year. Routine screening mammogram services are paid at 100% and not subject to your deductible if performed at the Breast Center at Floyd.

With Plan C, your coverage costs are lower, but deductibles and out-of-pocket maximum amounts are higher than Plan A and Plan B. So think of the HDHP as a “pay as you go” option — you pay less in employee contributions and more at the time of care.

Health Savings Account

Health Savings Accounts (HSAs) are part of an exciting new trend in health care called consumer-driven health care. HSAs let you pay certain out-of-pocket expenses for health care on a tax-free basis.

Individuals enrolled in Plan C may participate in an HSA. The account allows you to make contributions to an interest-earning savings account (up to annual IRS limits) from your pay *before taxes*. You use the money in your account to pay for eligible health care-related expenses later. Because your contributions to the HSA are made with before-tax contributions, the interest it may earn also is tax-free. You save taxes and reduce out-of-pocket costs for your eligible health care expenses.

For the 2010 short plan year, individuals may choose to contribute up to \$3,050 to an HSA for a single covered person. The contribution limit is \$6,150 for families. Individuals between the ages of 55 and 65 also may make “catch-up” contributions totaling \$1,000 in 2010 to an HSA. Because of the short plan year, make sure that you do not contribute in excess of the calendar year maximums.

You are responsible for using the money in your HSA to pay for “qualified medical expenses” as defined by federal tax law. You will be subject to income tax and penalties for any amount distributed or withdrawn from your HSA that is not used to pay for qualified medical expenses. For additional information about IRS-allowable medical expenses, you can visit the IRS web site at www.irs.gov and click on “Forms and Publications,” then select Publication 502.

HSAs let you pay certain out-of-pocket expenses for health care on a tax-free basis.



Medical Plans continued

Floyd has partnered with Citizens First Bank in Rome, Georgia, to provide an easy way for Plan C participants to contribute to an HSA. If you choose to open an HSA with Citizens First Bank, contributions will be deposited directly into your HSA account from your paycheck on a pre-tax basis. Floyd will also cover the cost of any administrative fees that Citizens First Bank may charge for the HSA.

If you choose to open an HSA with a provider other than Citizens First Bank, you will not be eligible to make contributions through payroll deductions. You also will be responsible for paying any administrative costs. See your Human Resources representative for more information about setting up an HSA.

Features

Health Savings Accounts have unique benefits:

- tax-free withdrawals for qualified health care expenses
- interest earned is tax free
- unused funds and interest carry over, without limit, from year to year
- the account is portable, and is not affected by retirement, job or insurance changes
- funds are held with a qualified trustee or account custodian
- funds can be withdrawn for any reason after age 65
- real-time access to funds with debit card (no need to apply for reimbursement)
- funds can be used to pay qualified health care expenses for you or your dependents

Eligibility

You are not eligible for a Health Savings Account if you are:

- enrolled in Medicare
- covered by another health care plan that is not a high deductible health plan
- claimed as a dependent on someone else's tax return
- enrolled in a Health Care Flexible Spending Account (see page 24)
- covered by a spouse's Health Care Flexible Spending Account
- covered by a non-high deductible health plan, such as TRICARE and TRICARE for life
- covered by Veterans Administration benefits and have used VA medical services within the past three months

Eligible Expenses

The Health Savings Account can be used to pay for:

- dental expenses including fillings, braces and extractions
- hearing aids and batteries
- prescription drugs
- over-the-counter drugs
- eye exams, eye glasses and contact lenses
- employee contributions for qualified long-term care insurance (dollar limits may apply)
- out-of-pocket expenses, including deductibles, coinsurance and co-payments
- acupuncture

Other Insurance

Health Savings Accounts are limited to individuals enrolled in high deductible health plans, like Plan C. However, account holders still can purchase other types of insurance including:

- accident
- disability
- dental care
- hospitalization insurance that pays a fixed amount per day
- long-term care
- specified disease or illness
- vision care

If you enroll in Plan C, you are not eligible to participate in the Health Care Flexible Spending Account.

Tracking Your Expenses

Citizens First Bank will issue you an HSA debit card if you select one, which you can use to pay directly for qualified expenses at the time you receive care.

Medical Plans *continued*

Medical Plan Benefits At-A-Glance

Out-of-network benefits are not changing. For details, consult your Summary Plan Description. Please read the footnotes below for specific medical plan details regarding your place of residency.

SERVICES	IN-NETWORK		
	PLAN A	PLAN B	PLAN C Deductibles must be satisfied before any expenses will be paid
Deductible			
Individual	\$150	\$275	\$1,200
Family	\$450	\$825	\$2,400
Inpatient Hospital Admissions	\$200	\$200	\$200
Co-Payments			
Emergency Room Visit	\$125	\$125	\$125
Out-of-Pocket Maximum			
Individual	\$1,000	\$1,000	\$1,500
Family	\$2,500	\$2,500	\$3,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physician Office Visits*			
Floyd Physicians (Family Practice Residency, Primary Care and Urgent Care)	\$20 co-pay	\$20 co-pay	After deductible, 90%
PPO Providers	\$35 co-pay	\$35 co-pay	After deductible, 70%
Other Providers	n/a	n/a	n/a
Hospital Services			
Floyd Medical Center	85%	85%	After deductible, 85%
Medical Emergency/Admission	80%	70%	After deductible, 70%
PPO Provider**	80%	70%	After deductible, 70%
Other Facilities	80%	70%	After deductible, 70%
Outpatient Services*			
Floyd	85%	85%	After deductible, 85%
PPO Provider**	70%	60%	After deductible, 60%
Other Facilities	n/a	n/a	n/a
Pharmacy Benefits (see page 15 for additional details)	90%	90%	
Generic and/or Brand Name (prescriptions are no longer subject to the deductible for Plan A and Plan B)	Minimum cost: \$10 per prescription; Maximum cost: \$100 per prescription	Minimum cost: \$10 per prescription; Maximum cost: \$100 per prescription	After deductible, 90%
Mental Disorders/Substance Abuse			
Inpatient (precertification required)			
Per Admission Co-payment	\$200	\$200	\$200
Floyd Medical Center	85%	85%	After deductible, 85%
PPO Provider**	80%	70%	After deductible, 70%
Other Facilities	80%	70%	After deductible, 70%
Outpatient Facilities			
Floyd	85%	85%	After deductible, 85%
PPO Provider**	70%	60%	After deductible, 60%
Other Facilities	n/a	n/a	n/a
Other Coverage			
Skilled Nursing Facility, Rehabilitation Hospital, or Long-term Acute Care	(30-day maximum) 80%	(30-day maximum) 70%	(30-day maximum) After deductible, 70%
Home Care Services	80%	70%	After deductible, 70%
Hospice	80%	70%	After deductible, 70%
Durable Medical Equipment	80%	70%	After deductible, 70%

* For employees residing in Floyd, Polk and Chattooga counties¹, the following procedures must be performed at Floyd Medical Center or they will be paid at a higher deductible and out-of-network at 50% (Plan A) or 40% (Plan B): MRI, MRA, CT, heart catheterization, pulmonary (i.e. breathing treatments), angiography, echocardiogram, sleep study.

¹ This includes employees residing in the following zip codes: **Floyd County** — 30105, 30124, 30129, 30145, 30147, 30149, 30161, 30162, 30163, 30164, 30165, 30172 or 30173; **Polk County** — 30104, 30125, 30138, or 30153; **Chattooga County** — 30730, 30731, 30747 or 30753.

** This option is only applicable for employees residing outside of Floyd, Polk and Chattooga counties.

New Retail Pharmacy Card Program Available

Starting July 1, 2010, Floyd will offer a new retail pharmacy card program to supplement the prescription drug coverage now offered in the three medical plans. **Your current prescription drug benefit will remain the same for medicines purchased at the Floyd Medical Center Pharmacy**, and you can continue to pay for your prescriptions at the Floyd pharmacy with convenient payroll deduction.

- The retail pharmacy program, administered by Humana, is available for you to use when traveling, for a medicine that may not be stocked at the Floyd pharmacy or should you make the decision to purchase your medicine at a retail location. Keep in mind that it will be most cost effective for you to purchase your prescriptions at Floyd.
- Your Humana ID card shows the retail pharmacy copay amounts, one for generic medicines and a higher copay for brand name medicines. Just present your card at any participating retail pharmacy, pay your portion of the cost and you are finished. No claims forms need to be filed.

What are generic drugs?

According to the FDA, a generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use. Generic drugs typically cost less than brand drugs.

Floyd Prescription Drug Benefits	
Dispensed at Floyd Pharmacy	Dispensed at Humana Retail Pharmacy
\$10 copay for all medicines with costs less than \$100; 10% coinsurance on medicines with a cost greater than \$100; maximum employee cost of \$100 per prescription	\$25 copay on generic medicines \$60 copay on brand medicines*
Plan C participants must meet deductible before benefits are paid, then 10% coinsurance	Plan C participants must meet deductible before benefits are paid, then 10% coinsurance

*Important Dispensing Information

Because Floyd has low-cost purchase contracts on specific drugs with costs significantly below costs available in the Humana Retail Pharmacy network, the medicines listed below will be excluded from retail coverage through the end of the plan year, December 31, 2010. This means that you will need to fill prescriptions for these six brand name medicines at the Floyd pharmacy unless special circumstances apply:

- Levaquin 500 mg and 750 mg
- Nexium
- Protonix
- Provigil
- Valtrex

Medical Plans continued

Your Cost for Medical Coverage

Under the medical plan, you pay a portion of the cost of coverage for yourself and for covered family members on a before-tax basis. Floyd subsidizes the costs of medical coverage for full-time employees at a higher level than for part-time employees.

To tailor your health care coverage to your individual needs, Floyd provides you with several health care plan options. You may choose from three plans each with four coverage levels:

- Employee Only
- Employee and Child(ren)
- Employee and Spouse, and Family.

Employees can save \$30 per pay period by choosing the Wellness Option. For the rest of 2010, your employee contributions for medical coverage remain the same.

LEVELS OF COVERAGE	PLAN A (FULL-TIME)		PLAN B (FULL-TIME)		PLAN C (FULL-TIME)	
	WELLNESS PARTICIPANTS Cost Each Pay Period	NON-WELLNESS PARTICIPANTS Cost Each Pay Period	WELLNESS PARTICIPANTS Cost Each Pay Period	NON-WELLNESS PARTICIPANTS Cost Each Pay Period	WELLNESS PARTICIPANTS Cost Each Pay Period	NON-WELLNESS PARTICIPANTS Cost Each Pay Period
Employee Only	\$40	\$70	\$27	\$57	\$12	\$42
Employee & Child(ren)	\$83	\$113	\$72	\$102	\$36	\$66
Employee & Spouse	\$101	\$131	\$80	\$110	\$40	\$70
Family	\$123	\$153	\$99	\$129	\$50	\$80

LEVELS OF COVERAGE	PLAN A (PART-TIME)		PLAN B (PART-TIME)		PLAN C (PART-TIME)	
	WELLNESS PARTICIPANTS Cost Each Pay Period	NON-WELLNESS PARTICIPANTS Cost Each Pay Period	WELLNESS PARTICIPANTS Cost Each Pay Period	NON-WELLNESS PARTICIPANTS Cost Each Pay Period	WELLNESS PARTICIPANTS Cost Each Pay Period	NON-WELLNESS PARTICIPANTS Cost Each Pay Period
Employee Only	\$77	\$107	\$40	\$70	\$20	\$50
Employee & Child(ren)	\$121	\$151	\$83	\$113	\$42	\$72
Employee & Spouse	\$173	\$203	\$101	\$131	\$50	\$80
Family	\$198	\$228	\$123	\$153	\$62	\$92

Declining Coverage

During any enrollment period, you may decline Floyd medical coverage. However, if you decline coverage, you must wait until the next Open Enrollment period to enroll for coverage unless you have a family status change as discussed on page 7.

Paying for Medical Expenses Owed to Floyd Providers

Floyd employees are required to pay the medical expenses for which they are responsible. Floyd uses an automated payroll deduction process to collect medical expenses owed to Floyd from employees, unless the employee makes alternative arrangements.

When an employee or his/her minor dependent child incurs medical expenses from a Floyd provider, the employee will receive a statement of account after the plan administrator has processed the claim and determined the amount for which the patient is responsible. If the employee wishes to make alternate payment arrangements, he or she must contact the applicable Floyd business office within 30 days of the statement date. After 30 days, Floyd will initiate automated payroll deduction and begin deducting the applicable amount from the employee's payroll check(s).

How to File a Claim

Access the Employee Self Service (ESS) website at <http://portal.adp.com> and submit your medical claim.

Or
Obtain a claim form from Human Resources or GreenLink and complete the employee portion of the form.

Attach necessary documentation of expenses.

Mail form to Humana.

PAYMENT SCHEDULE FOR PAYROLL DEDUCTED MEDICAL EXPENSES	
ACCOUNT BALANCE (RANGE)	PAYROLL DEDUCTION AMOUNT (PER PAY PERIOD)
\$25 and under	Full amount due
\$25.01 to \$1,000	\$25
\$1,000.01 to \$5,000	\$50
\$5,000.01 and up	\$75

Documentation of Health Coverage

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits the circumstances under which coverage may be excluded for medical conditions present before you enroll. Under the law, pre-existing condition exclusions generally may not be imposed for more than 12 months (18 months for a late enrollee). The 12-month (or 18-month) exclusion period is reduced by your prior health coverage.

You are entitled to a certificate that will show evidence of your prior health coverage. If you buy health insurance other than through an employer group health plan, a certificate of prior coverage may help you obtain coverage without a pre-existing condition exclusion.

Dental Plan

Dental Coverage

You pay the cost of dental coverage for yourself and for covered family members on a before-tax basis.

Because it's important to maintain dental health, dental plan coverage is available to you and your covered family members. Under the dental plan, the following types of services are offered:

Preventive Care — This care includes exams, cleanings, X-rays, sealants, fluoride treatment, preventive treatment and routine diagnostic procedures. Oral exams and cleanings are covered twice in any 12 month period. Preventive care is the only benefit available to new enrollees during their first 12 months of coverage. Minor and major restorative and orthodontia care will be added after the first 12 months. Plan participants pay a \$25 co-pay for preventive care visits.

Minor Restorative Care — This care includes extractions, fillings, drugs, periodontic treatment and emergency treatment. It is covered at 80 percent of reasonable and customary charges after your deductible.

Major Restorative Care — This care includes bridges, crowns, dentures, and repair of prosthetic appliances. It is covered at 50 percent after your deductible.

Orthodontia Care — This care includes initial diagnosis and ongoing treatment expenses for braces and is available only for dependent children up to age 23, if they are a full-time student, unmarried and financially dependent on you.

Pre-treatment Estimates for Dental Care

For certain high-cost dental services, your dentist may be asked to submit a pre-treatment estimate to Floyd.

You and your dentist will be notified in advance of the amount the dental plan will pay for the treatment. This gives you an opportunity to discuss the charges and benefits with your dentist before you receive any treatment.

No pre-treatment estimate is required for emergency care.

Filing a Claim

When you receive your dental services, your dentist may offer to file the claim for you. Otherwise, you will be billed directly and must assume responsibility for filing the claim. Employees can now file claim by accessing the Employee Self Service (ESS) website at <http://portal.adp.com>. Claim forms are also still available from Human Resources or GreenLink. Mail or fax the completed form and necessary documentation to Humana.

Your Cost for Dental Coverage

You pay the cost of dental coverage for yourself and for covered family members on a before-tax basis. Costs for both full-time and part-time employees are:

LEVELS OF COVERAGE	YOUR COST
Employee Only	\$12 each pay period
Employee & Child(ren)	\$27 each pay period
Employee & Spouse	\$25 each pay period
Family	\$33 each pay period

Note: You may elect to decline Dental Plan coverage.

Your Dental Plan Benefits At-A-Glance

SERVICES	COVERAGE
Deductible (not subject to preventive care)	\$50 per individual \$150 per family
Preventive Care	100% after \$25 co-pay
Minor Restoration Care	80%
Major Restoration Care	50%
Maximum for Preventive, Minor Restorative or Major Restorative Care	\$2,000
Lifetime Deductible for Orthodontia	\$50 for each dependent child
Lifetime Maximum for Orthodontia	\$1,500 for each dependent child



Vision Plan

Vision Coverage

If you (or your covered dependents) incur covered vision expenses while under this plan, the plan will pay as specified in the schedule of benefits.

Covered Vision Expenses

Covered vision expenses are charges for the following services and supplies that are certified as necessary for vision care by the attending optometrist or ophthalmologist. Covered charges are limited as noted in the schedule of benefits:

- Charges for a vision exam when performed by a legally qualified ophthalmologist or optometrist, including a complete visual analysis, case history and refraction
- Charges for single, bifocal, trifocal or lenticular lenses
- Charges for contact lenses (including fitting and follow-up exam)
- Charges for tinted or transitional (cosmetically enhancing) contact lenses
- Charges for frames

Excluded Vision Expenses

Charges that are not specifically included in this plan will be excluded from coverage. For example, no payment will be made under the plan for charges incurred by a participant for:

- Charges that exceed the maximum for the short plan year
- Vision exams not performed by an ophthalmologist or optometrist
- Vision supplies not prescribed by an ophthalmologist or optometrist
- Special vision procedures, such as orthoptics, vision training or subnormal vision aids
- Plain sunglasses or other special purpose vision aids
- Services or supplies furnished prior to the date the individual becomes covered for this benefit
- Charges made after the participant's insurance ends
- Services/supplies paid under any other provision of this plan
- Medical or surgical care of the eyes or drugs
- Services of a person who usually lives in the same household as the participant, or who is a close relative of the covered person
- Replacement of lost or stolen contact lenses or glasses



Your Cost for Vision Coverage

LEVELS OF COVERAGE	YOUR COST
Employee Only	\$7.75 each pay period
Employee & Child(ren)	\$12.75 each pay period
Employee & Spouse	\$15.75 each pay period
Family	\$19.25 each pay period

Learn more about Floyd's Vision Plan by visiting GreenLink, the Employee Self Service (ESS) website at <http://portal.adp.com> or contact Floyd's Human Resources benefits coordinator at 706.509.5777.

Your Vision Plan Benefits At-A-Glance

PLAN MAXIMUM	COVERAGE
Maximum Total	\$300 + Regular Annual Vision Exam

VISION BENEFIT PERCENTAGE	COVERAGE
Vision Exams for Refractive Error	100% to Maximum
Lenses — singular, bifocals, trifocals and lenticular	100% to Maximum
Frames	100% to Maximum
Contact Lenses (including fitting and follow-up exam)	100% to Maximum

Filing a Claim

When you receive vision services, your provider may offer to file the claim for you. Otherwise, you will be billed directly and must assume responsibility for filing the claim. Employees can now file claim by accessing the Employee Self Service (ESS) website at <http://portal.adp.com>. Claim forms are also still available from Human Resources or GreenLink. Mail or fax the completed form and necessary documentation to Humana.

Long-term Disability Insurance

Long-term Disability Insurance Plan

You pay nothing for long-term disability coverage. The cost is paid in full by Floyd.

Becoming disabled because of an accident or illness and being unable to work can create serious financial hardship. Floyd provides Long-term Disability (LTD) coverage to regular full-time employees beginning the first day of the month after completion of one year of service.

Qualifying for Long-term Disability Benefits

To receive long-term disability benefits, you must have a total disability. This means:

- During the first 24 months of disability, you are unable to perform the duties that are required for your job or similar type of work
- After 24 months of disability, you are unable to perform the duties of any occupation for which you are or may reasonably become qualified by education, training or experience.

Long-term Disability Benefit

The Long-term Disability Plan is generally designed to provide 60 percent of your annual base pay, up to plan maximum limits. Long-term disability benefits are offset by other income you are eligible to receive such as Social Security and Workers' Compensation benefits.

IF YOUR DISABILITY BEGINS AT THIS AGE	YOUR MAXIMUM LTD BENEFITS PERIOD
Before age 60	To age 65, but no less than five years
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

When Long-term Disability Coverage Starts

Long-term disability benefits begin after you have been disabled for 180 days. How long benefits continue depends on your age when you first become disabled.

Your Cost for Long-term Disability Coverage

You pay nothing for long-term disability coverage. The cost is paid in full by Floyd.

Life Insurance

Life Insurance Plan

Life Insurance is available to full-time employees beginning the first day of the month after completing 90 days of service. Three types of life insurance are available:

Basic Employee Life — Insurance that is provided to you automatically by Floyd

Supplemental Life — Additional insurance you may buy to supplement your basic coverage

Dependent Life — Insurance you may buy for your dependents

Employees will not be enrolled in Employee Life Insurance until proof of good health documents are submitted and approval is received.

Basic Employee Life Insurance

If you die as an active, full-time employee and meet all eligibility requirements, your beneficiary will receive a benefit equal to two times your annual salary, with a minimum amount of coverage of \$35,000. For each plan year, your basic and supplemental life amounts will be calculated based upon your rate of pay on the date of your death. You make no contributions for Basic Employee Life Insurance coverage. The entire cost is paid by Floyd.

Naming a Beneficiary

The beneficiary you name for Basic Employee Life Insurance coverage will be the same for your Supplemental Life Insurance coverage, unless you choose someone else.

You may change or add beneficiaries at any time by completing a beneficiary change form. To request this form, call Human Resources. You are automatically the beneficiary for any Dependent Life Insurance coverage you elect.

Supplemental Life Insurance

You can purchase additional life insurance coverage for yourself up to two times your annual base salary. You pay the full cost of this optional coverage with after-tax dollars. To enroll, you may be asked to provide Evidence of Insurability for approval of your new coverage.

Dependent Life Insurance

You may purchase life insurance coverage for your spouse and dependent children with after-tax dollars as shown in the following chart:

YOU MAY PURCHASE COVERAGE FOR	IN THE AMOUNT OF
Your Spouse	\$25,000
Per Child (Under Six Months)	\$1,000
Per Child (Six Months – Age 23)	\$5,000

Imputed Income

The IRS Code states that employer-provided basic and optional employee life insurance benefits in excess of \$50,000 may result in taxable income for you. This is known as “imputed income.” Imputed income must be reported on your W-2 Form and is included as earnings in your paycheck and is subject to federal, state and FICA taxes each period.



Flexible Spending Accounts (FSAs)

Spending Account Benefits During the Short Plan Year

Before-tax spending accounts let you pay certain out-of-pocket expenses for medical care and dependent care on a tax-free basis through the Health Care Spending Account and Dependent Daycare Account. For the short plan year, you may contribute up to \$5,000 pre-tax to your Health Care Spending Account per plan year for eligible health care expenses and up to \$2,500 before-tax per plan year for your eligible dependent care expenses.

How the Accounts Work

You contribute before-tax contributions from your pay into one (or both) accounts. You then pay for eligible expenses with your FSA debit card. Because your payroll contributions are taken out before taxes are withheld, you save taxes and reduce out-of-pocket costs for your eligible health care and daycare expenses.

The amount you choose to contribute to an account should reflect your best estimate of expected eligible out-of-pocket expenses for the coming short plan year. Before you enroll, there are FSA stipulations you should consider:

- You cannot transfer money from one account to another
- You cannot change your contribution amount during the short plan year unless you have a life status change
- At the end of the short plan year, you will forfeit any unused account balance if:
 - Your eligible expenses for the short plan year are less than the amount of your short plan year contributions
 - You leave Floyd during the short plan year and expenses you incurred prior to termination are less than your account balance
- You cannot be reimbursed through a spending account and claim a health care or dependent care tax deduction on your federal taxes for the same expenses
- Once your enrollment has been processed, you will be issued an FSA debit card
- If you do not use the FSA debit card, you have until March 1 to submit claims for eligible health care expenses incurred during the short plan year

Paying for Qualified Expenses

You will use a Humana FSA debit card to pay directly for qualified health care costs. To be reimbursed for your dependent care expenses, you will need to file claims. Because your bills may arrive after services occur, you have until March 1 to submit claims for the prior year.

Dependent Daycare Spending Account claim forms are available from Human Resources or GreenLink. You can also obtain a claim form by accessing the Employee Self Service (ESS) website at <http://portal.adp.com>.

Mail or fax the completed form and necessary documentation to Humana.

You may contribute before-tax contributions from your pay into one or both of the FSAs. Beginning July 1, you will receive a FSA debit card to pay for eligible health care expenses during the remainder of 2010. You must continue to file claims to receive reimbursements for dependent care expenses.

Retirement

Floyd 401(k) Plan

All employees who are at least 21 years old, complete one year of service and accumulate over 1,000 hours at work in a calendar year are eligible for Floyd's 401(k) plan, and may join the plan on January 1 or July 1 of each year. Floyd's 401(k) plan is administered by Diversified Investment Advisors and provides a convenient way to save money for retirement.

Contributions

Along with you, Floyd shares the responsibility of putting money into your 401(k) plan. Employees may choose to make before-tax contributions from one percent to 25 percent of their eligible pay. Employees decide a contribution percentage and Floyd matches it according to these guidelines:

- Floyd matches 100 percent on first three percent of the employee's contribution
- Floyd matches 50 percent on the next two percent of the employee's contribution
- Floyd matches a maximum of four percent of your 401(k) contribution

New co-workers may contribute to the Floyd 401(k) plan. However, to receive a Floyd match, one must meet eligibility requirements.

Unique Benefits

You are 100 percent vested in your 401(k) retirement plan at the time of enrollment. You may borrow or take in-service withdrawals from the account, and you can take the account with you when you leave Floyd. This benefit is also provided to temporary (PRN) employees who meet eligibility requirements.

Floyd Pension Plan

Prior to October 2005, Floyd employees participated in the Floyd Pension Plan administered by Floyd Healthcare Management Inc. This defined benefit retirement plan is funded entirely by Floyd and requires no employee contribution. It is available only to employees who chose to remain in this plan.

Participants in the Floyd Pension Plan may also contribute pre-tax dollars to a 403(b) plan, or tax-sheltered annuity plan.

Social Security

All employees and Floyd equally contribute funds to Social Security to provide coverage for retirement, survivor, disability, and health insurance benefits.

Unemployment Insurance

Floyd supports unemployment benefits as allowed by law for regular full-time and part-time employees.

Learn more about Floyd's retirement benefits by visiting GreenLink, the Employee Self Service (ESS) website at <http://portal.adp.com> or contacting Floyd Human Resources at 706.509.5770.



Additional Benefits

Paid Time Off

The paid time off program allows you to accrue paid time off up to 410 hours. Hours may be used for vacation, holidays, sick leave or personal business. Full-time employees accrue earned time based on length of service. Part-time employees accrue time earned based on the hours worked each pay period. Time will begin to accrue from the date of employment, but may not be used during the first 90 days of employment except in cases where a holiday may occur. This does not address the cash-out option and the 410-hour limit.

LENGTH OF SERVICE	FULL-TIME ACCRUAL RATE	MAXIMUM PER YEAR
Less than five years	6.75 hours	22 days
5 – 10 years	7.70 hours	25 days
More than 10 years	9.25 hours	30 days

Extended Illness Bank

As a full-time or part-time employee, you will also accumulate paid time off for an extended illness through the extended illness bank program. Full-time employees will accrue two hours of extended illness time per pay period, up to a maximum of 360 hours. Part-time employees accrue .025 times the hours worked per pay period. Your extended illness bank is a short-term disability bank of hours that can be accessed in the event of absences due to an employee's illness or serious illness defined by the Family and Medical Leave Act. Your extended illness bank may be accessed on the sixth consecutive day of a serious illness, while the first five days must come from the paid time off bank.

Payroll Deduction

The ability to deduct items from your paycheck is a helpful benefit for many Floyd employees. Full-time and part-time employees find payroll deduction is a convenient way to pay for items purchased in the Floyd Medical Center Gift Shop, the Floyd Store on GreenLink, discounted medical supplies from Materials Management, prescription drugs purchased through Floyd Medical Center's Pharmacy, medical bills owed to Floyd, and much more.



Important Definitions

You should be familiar with the following definitions, which relate to your health care coverage.

Pre-certification Requirement —

Pre-certification is required for some medical procedures and for inpatient hospital admission. If you go to the emergency room and are admitted to the hospital, Humana must be notified.

Reasonable & Customary Charges —

Reimbursement for treatment or services received out-of-network is based on reasonable and customary charges and is determined by an analysis of the prevailing rates charged for a surgical procedure, medical service or medical supply. This determination takes into account the geographic area in which the services are provided. When these apply, out-of-network reimbursements will not exceed the reasonable and customary charge. You will be responsible for paying the additional amount.

Medically Necessary — Care is deemed medically necessary if, following generally accepted medical practices, the procedure is recognized as safe and effective; is required for the diagnosis or treatment of an illness, injury or pregnancy; and it is not educational, experimental or investigative in nature.

Pre-existing Conditions — A pre-existing condition is any condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period ending on the enrollment date or, if earlier, the first day of the waiting period for such enrollment. (For new employees hired into a benefits-eligible job, the six-month period ends on the date of hire.) For late enrollees and special enrollees, the six-month period ends on the enrollment date.

Expenses relating to a pre-existing condition are not covered until you or your covered dependent has been covered under the plan for at least 12 consecutive months, or less, if proof of credible coverage can be provided.

Late enrollees may be subject to pre-existing conditions for 18 months. The 18 months may be shortened by proof of credible coverage. Pre-existing conditions do not include pregnancy-related conditions.

Notice of Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage in the future, you may be able to enroll yourself or your dependents in the health care plans, provided you complete enrollment within 31 days after your coverage ends. In addition, if you have new dependents as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

This booklet explains the Employee Benefit Options and provides you with an overview of Floyd's benefits program. **This booklet is intended to serve only as a general overview and is not a substitute for and does not alter or amend the Plan Documents that create and define the benefits for Floyd employees.**

Employees can find more details about benefit options by visiting the "Benefits" section under "Employer of Choice" on GreenLink, Floyd's intranet. You may also visit www.floyd.org/careers/benefits or contact Floyd Human Resources.

Receipt of the Employee Benefit Options booklet or network literature does not guarantee eligibility or benefit coverage. Eligibility is determined only by meeting the eligibility and coverage requirements of each plan. In addition, the benefit descriptions in the booklet are brief summaries of the benefits offered and are not intended to provide details regarding these benefits.

This booklet highlights the Floyd Healthcare Management Inc. benefits program. Details of each plan are contained in the Plan Documents and contracts with third-party administrators, which legally govern the operation of the program. If there is any conflict between this booklet and any of the Plan Documents, the Plan Documents will always govern. Floyd reserves the right to change, amend or terminate the program at any time. In some cases, Floyd may, by mutual agreement, modify the benefits program for certain employees. This communication does not constitute a contract of employment or a contract of any other nature between Floyd and any employee, nor do benefits provided herein create a property interest for an employee in continuous employment or otherwise.



Floyd Medical Center
Human Resources Department
P.O. Box 233
Rome, GA 30162
706.509.5770 Tel
www.floyd.org